ZONING APPLICATION

CITY OF FRISCO PLANNING DEPARTMENT (972) 335-5540

Subdivision Name and Project Name:			
Survey Name:	Abstract #:		
# of Lots:	# of Total Acres (rounded to nearest tenth):	_
The applicant is encouraged to review development plan prior to submitting a development application. A list of HO			owners and HOAs
Current Property Owner's Name: Company: Address: City, State, Zip: Phone #: Fax #: Email Address: Owner's Signature: Applicant's Name: Company: Address: City, State, Zip: Phone #:	□ Zoning/Rezonin □ Specific Use Per Plans □ Planned Development pr □ Traffic Impact □ Original consol □ List of all contar □ Notification lab □ Metes and bouncreeks and massealed by a sur computer disk	ermit (SUP) – 7 exhibits / site opment (includes concept or olan) – 7 exhibits / plans Analysis Total Fees Other Submittal Requirements idated tax statement for all project acts affiliated with the project oles and postage worksheet unds description of property to cel ajor thoroughfares. Description is rveyor. Submit the description as in Word format.	nterline of adjacent s to be signed and a hard copy and on
Phone #: Fax #:	 Applicable chee 	ck list(s) completed and signed by	preparer
Email Address:	-		
	INCOMPLETE APPLICATIONS AND APPLICATIONS DELIVERED BY COURIER WILL NOT BE ACCEPTED!!		
Representative's Name: Company: Address: City, State, Zip: Phone #: Fax #: Email Address:		Classification:	
	**Attach a detailed de	scription for large requests involving m	ultiple zoning districts
STATE OF TEXAS (COUNTY OF)(BEFORE ME, a Notary Public, on this day personally who, under oath, stated the following: "I hereby this application; that all information submitted here	certify that I am the owner	the un , or duly authorized agent of the owner Owner, Applicant, or Represer	
SUBSCRIBED AND SWORN TO before me, this the	day	of, 20	
My Commission expires			
Try Continuosion expires	N	otary Public in & for the State of Tex	as
	OFFICE USE ONLY		
Location of Property:			
Neighborhood #:	Receipt #:		
This application meets the Planning Department's requirement	 nts for processing.	Signature	 Date